

COVENTRY CITY COUNCIL

PEOPLE DIRECTORATE

**ADULT SOCIAL CARE
COMMISSIONING AND
PERSONALISATION PLAN
2014**

'to enable people in most need to live independent and fulfilled lives with stronger networks and personalised support'

Version 2 – April 2014

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1. Purpose

To provide a platform for change within Adult Social Care practice and commissioning in Coventry to support the delivery of the Adult Social Care vision which is:

‘to enable people in most need to live independent and fulfilled lives with stronger networks and personalised support’

2. Background

Social Care in England is going through a period of immense change driven by key legislative and policy change that will see an overhaul of the legal framework through the introduction of the Care Bill in 2015 and integration with Health by 2017 for which the Better Care Fund 2015/16 provides a vehicle for system change.

Alongside these legislative and policy changes our population is also changing, as a nation our population is getting older. By 2032 the population aged 65-84 will grow by a third and the number of people aged over 85 will more than double. It is currently estimated that approximately 570,000 people in England have dementia and this will double over the next 30 years. In addition the number of people with long term conditions is expected to rise from 15 million to 18 million by 2025. Adding in other statistics such as 70% of adults being inactive, 1 in 4 being obese and 1 in 5 that smoke it becomes clear that should nothing change demand on services will increase dramatically.

However, our resources to meet any increase in demand are shrinking. The Government’s 2010 Spending Review reduced Government grants to local government by an average of 28% over four years, a bigger and faster reduction than for most other Government departments. The Chancellor’s 2013 Spending Review further announced an additional headline reduction of 10% to local government funding in 2015-16 and due to Government changes in the way it distributes grants, local authorities will need to plan for a real-term reduction of 15% in 2015-16 (Local Government Association).

The expectations of the service users and their families and carers who come into contact with social care are also changing. There has been a clear policy directive to the delivery of personalisation through Putting People First (2007) and subsequently Think Local, Act Personal (2011) in that arranging care and support around the individual, based on the totality of resources available to them including Community Assets, families, friend and their own resources will not only lead to improved outcomes but will also enable the City Council, and its partners, to target funded support where it is most needed and will have the greatest impact.

In order to meet these challenges it is important that we have a clear direction of travel with clear actions and intended impacts for Adult Social Care in Coventry. This strategy sets out the actions required and change expected as a result over the next two years.

3. Introduction

This strategy identifies how the City Council will deliver Adult Social Care so that the residents of Coventry can live independently in the Community with Support that is appropriate to their needs and maximises their own resources and capabilities.

Although this document belongs to the City Council its successful delivery will require close co-operation with partners. Everything we do, whether commissioning, provision, or management of internal systems and processes will increasingly be undertaken jointly with health colleagues. We will also need to engage with the voluntary sector, other partner organisations including the Police and Fire Service and the communities in which people live in order to increase community capacity so that they can play a greater role in supporting the people that live within them.

Where it is no longer possible for people to be supported in their own community we will still seek to maximise independence to the greatest possible degree. This will be a key focus whether people require something as basic as a home meal or as complex as a specialist residential placement. In order to meet these challenges the market for social care in Coventry will need to adapt and our Market Position Statement 2014 identifies some specific areas where actions to bring about change will be prioritised.

Alongside market development the support systems for the arrangement and management of Adult Social Care are also required to change and improve – this applies to how we undertake assessments, reviews and the allocation of resources including the use of Direct Payments and Personal Budgets.

This plan does not sit in isolation and should be considered in conjunction with other key documents including:

- The Council Plan 2014 - 2017
- Coventry Health and Well-Being Strategy 2012
- People Directorate Strategy 2014-2016
- Coventry Market Position Statement 2014
- Adult Social Care Local Account 2012 - 2013
- Coventry Carers Strategy 2011 – 2015
- Coventry Dementia Strategy 2014
- Coventry response to the National Autism Strategy 2013

4. National and Local Policy Context

The Care for our Future: Reforming Care and Support White Paper (Care and Support White Paper) was published by the Department of Health in July 2012. This White Paper presented the Government's long term vision for a reformed care and support system. Key elements being a greater focus on prevention, early intervention and maintaining independence. There was a clear affirmation that care and support should be personalised to meet individual need and identified outcomes. The White Paper also signalled the need for further integration between health and social care to support the reform of care and support services.

In May 2012 'Making it Real' was launched. This is a sector wide commitment to moving forward with personalisation and community-based support. Making it Real sets out what people who use services and carers expect to see and experience if support services are truly personalised. They are set of "progress markers" - written by real people and families - that can help an organisation to check how they are going towards transforming adult social care. The aim of Making it Real is for people to have more choice and control so they can live full and independent lives.

National system leaders also published a Common Purpose Framework for integrated care in 2013. At its heart is an agreed vision - a 'narrative' - that everyone can sign up to and use in their programmes of work. National Voices coproduced this narrative, working with Think Local Act Personal and with service users, patients, carers and their organisations as well as the national stakeholders.

It takes the service user perspective, defining integration as 'person centred coordinated care', and setting out what it is that people would experience if this kind of care works well.

The Narrative was adopted by all national system leading organisations involved in integrated care, and by all the current integration 'pioneers'. It is being used widely in other local areas and is referenced in the Better Care Fund guidance.

In February 2013, the Government announced the reform of the funding for care and support with the aim of providing more certainty and peace of mind over the costs of old age or living with a disability. A key aspect of the funding reform will be that a cap on care costs will be introduced from April 2016.

The Care Bill, currently before Parliament, will be the legal framework on which this social care reform will be based. The legislative changes outlined in the Care Bill are wide ranging and represent the biggest changes in adult social care since 1948. From April 2015 the key provisions include:

- The promotion of individual wellbeing
- Clarity through regulations on what constitutes 'eligible' needs and how decisions are made about support, and allow for national eligibility to be set in the future
- Simplify rules regarding charging and financial assessment

- Population-level duties on local authorities to provide information and advice, prevention services, and shape the market for care and support services. These will be supported by duties to promote co-operation and integration to improve the way organisations work together;
- Giving carers a right to support to put them on the same footing as the people for whom they care;
- Everyone, including carers, should have a personal budget as part of their care and support plan, and give people the right to ask for this to be made as a direct payment;
- No-one's care and support is interrupted when they move home from one local authority area to another
- A new statutory framework for adult safeguarding, setting out the responsibilities of local authorities and their partners, and creating Safeguarding Adults Boards in every area.

The £3.8 billion Better Care Fund (formerly Integration Transformation Fund) was announced by the Government in the June 2013 spending round to accelerate integration in health and social care in order to create a system that is sustainable in the longer term. The Better Care Fund, provides an opportunity to develop new ways of working and sharing of resources across the health and social care sector at a time of reduced public sector finances and to support the on-going challenge of managing demand for services.

As well as changes in Health and Social Care the Welfare Reform Act 2012 introduced £18bn in savings through a package of reforms. By the end of 2017 many of the existing working age means-tested benefits and tax credits are expected to be abolished and recipients will receive only one single benefit payment: Universal Credit. These reforms will have a significant impact on individuals in receipt of benefits and new applicants and is estimated to have resulted in a loss of income to the City of £112m per year (Sheffield Hallam University).

The effects of welfare reform will put additional pressures on a range of health and social services, including the NHS, public health and counselling services, children's services, housing services, advice services and the police.

As a City, Coventry has been hit harder by national austerity measures than many other authorities. Government grants for the Council's day to day expenditure have significantly reduced since 2010 with further reductions to come. The Council has also had to meet the challenges of increased costs where these have been unavoidable in order to maintain stability and quality.

In December 2013 the City Council published its 10 year plan which state the City's commitment to ***promoting the growth of a sustainable Coventry economy*** and ***improving the quality of life for Coventry people***. The plan contained the following intentions:

- supporting business to grow;
- creating the infrastructure for the city to grow and thrive;
- developing the city centre for the 21st century;

- raising the profile of Coventry;
- helping local people into jobs;
- reducing the impact of poverty;
- increasing the supply, choice and quality of housing;
- creating an attractive, cleaner and greener city;
- making communities safer;
- improving educational outcomes;
- improving the health and wellbeing of local people;
- protecting and supporting the most vulnerable people; and
- reducing health inequalities.

In order to deliver the Council's 10 year plan each Directorate within the City Council (People, Place and Resources) will be required to consider its activity and priorities and how these contribute to the delivery of this plan. As part of the largest Directorate (People), Adult Social Care will have a significant contribution to the delivery of the 10 year plan as a direct provider of support to vulnerable people, a creator of employment, and in supporting people in appropriate housing. Coventry currently operates its eligibility criteria for Adult Social Care at Critical and Substantial under FACS (Fair Access to Care Services). The Care Bill will introduce national eligibility criteria which are expected to accord with Coventry's current position.

5. Coventry Population Profile

Coventry is the thirteenth largest City in the UK. The current estimated population of the City is 332,400 of which 214,300 are aged 18-64 and 47,700 are aged 65 and over. By 2020 the overall population is estimated to increase to 373,200 of which 236,200 will be aged 18-64 and those aged 65 and over will increase to 51,900.

It is estimated that there are currently 3,424 people with dementia in the City (1.03%) which is below the national figure of 1.18%. The Office for National Statistics (ONS) predicts that by 2020 the number of people with dementia will rise to 3,999 (1.07%).

It is also estimated that approximately 54,000 people aged between 18 and 64 (25%) have a mental health disorder in some form, the majority of which can be managed with little impact on people's lives and without the need for social care support.

Approximately 6,277 people aged over 18 in Coventry have a learning disability of which 985 are aged over 65.

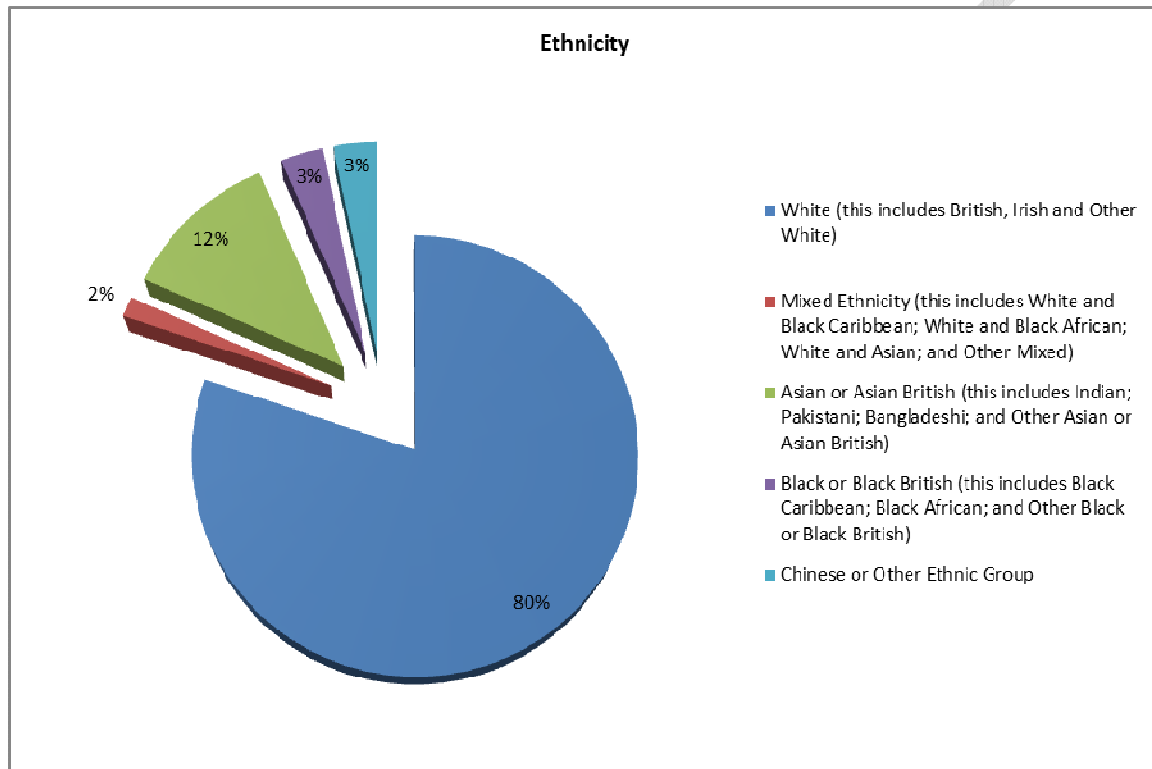
The Coventry Market Position Statement (2014) identified that 68 adults with learning disabilities funded by the City Council are placed in care homes outside the City along with 8 Adults with Mental ill Health. These numbers increase when Health funded services are included as well as Older People with challenging behaviour including dementia.

The City has a lower percentage of Owner Occupiers than England as a whole (60.6% compared with 63.4%) and a higher proportion of Private Rented (20.6% compared with 16.8%). The volume of

socially rented is broadly comparable with England with Coventry at 17% compared to 17.7% for England as a whole. Owner occupiers are most prevalent in the West of the City.

Coventry's main ethnic group is White (including British, Irish and other White). This group makes up 80% of the total population. Chart 1 shows the ethnicity breakdown for the population of the City.

Chart One: Ethnicity Breakdown



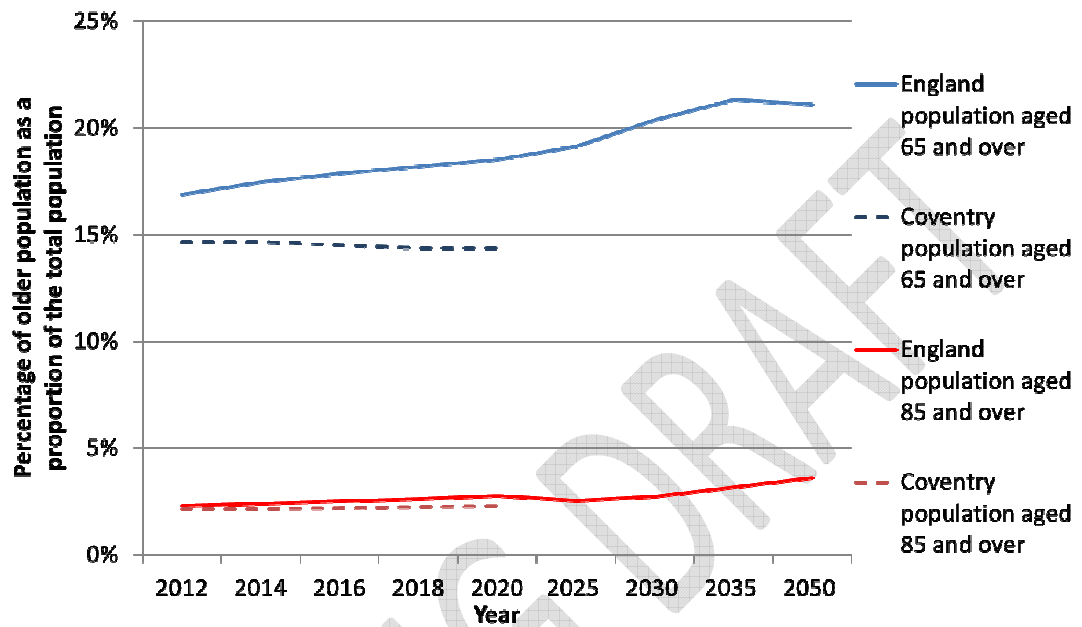
Population and Projected Needs

The Coventry Joint Strategic Needs Assessment <http://www.facts-about-coventry.com/uploaded/documents/JSNA%202012.pdf> is the overarching strategic document identifying population needs in Coventry. Focusing on Adult Social Care the three graphs below show:

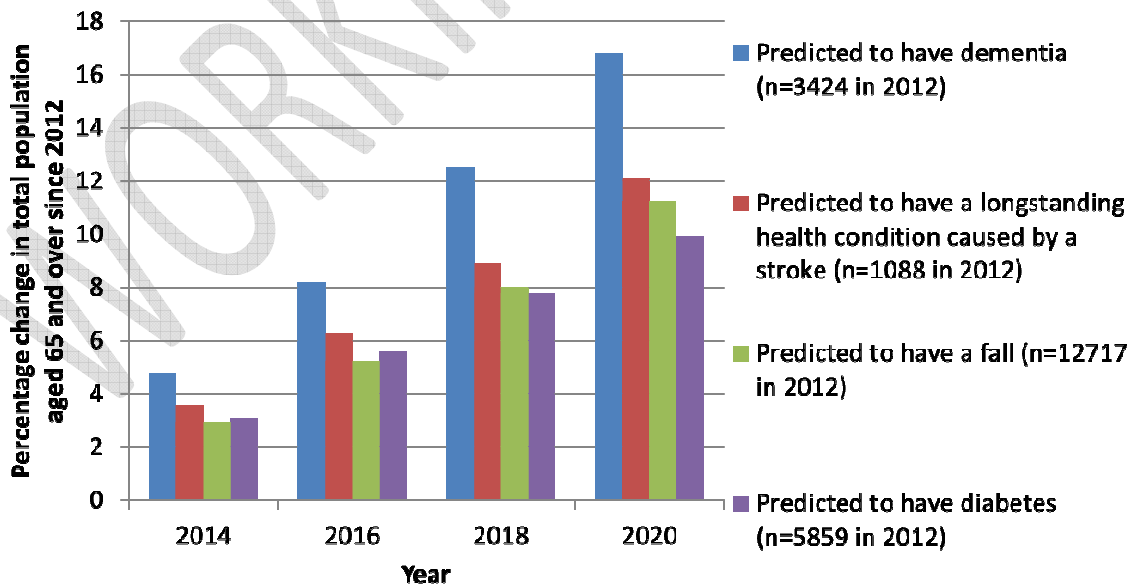
- Expected changes in Coventry Older People population
- Expected changes in key health conditions
- Expected changes in residential and nursing care populations and people unable to self care.

These graphs indicate that although the Coventry older people population is expected to remain relatively static and not expected to increase in line with the England overall population there is still likely to be an increase on demand for social care due to the forecasted increases in key health conditions.

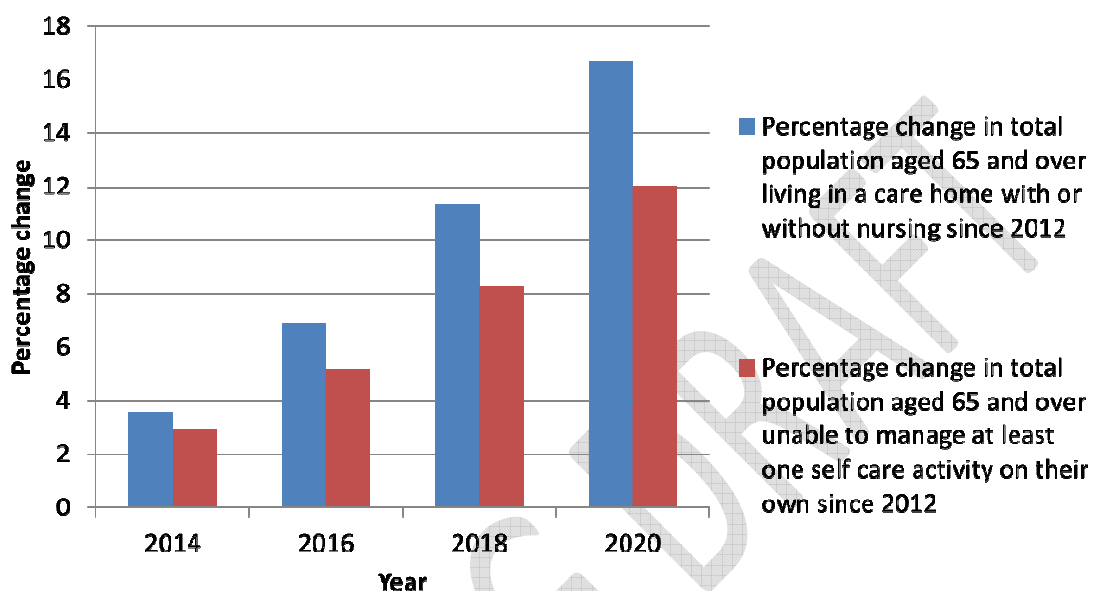
Overall Population



Ill Health Projections



Social Care Need Projections



6. User and Carer Feedback

Coventry receives feedback on its Adult Social Care services through a number of mechanisms, some of these are informal comments made to staff by service users, carers or their friends and families, some are through formal review mechanisms, are others through structured user groups, partnership boards and specific consultation and engagement processes.

We have also undertaken an Adult Social Care survey to ask people that access care and support about the quality of their life and their experiences of the services they receive. The City Council last undertook an Adult Social Care in 2013 from which 413 out of a possible 1,076 responses were received (as 413 respondents completed the questionnaire the survey is considered statistically valid. Therefore, we can say with 95% certainty that the opinions expressed in the survey reflect the views of people accessing care and support in Coventry).

Some the things the survey told us were:

- 65% of people are satisfied with the services they receive.
- 33% of people reported their quality of life was “so good it could not be better” and a further 28% said they had a good quality of life.
- 33% of people feel that they have control over their daily life, 43% feel they have an adequate amount of control, 20% feel their control is less than adequate and 3% feel they have no control over what happens.

- 69% of people have no concerns regarding their personal safety, 26% feel adequately safe, whilst 3% express some concerns and 2% voice strong concerns.
- 45% of people have as much social contact as they want with people they like and 33% feel their interactions are adequate. 16% report they have some social contact but do not feel it is enough and 6% feel socially isolated.

In October and November 2012 we also completed a survey of carers across the city. The questionnaire asked carers about their caring responsibilities and how services provided by Adult Social Care help to support this role.

Some of the things this survey told us were:

- 57% of carers feel they have enough time to spend on their own personal care. 28% said they do not always have enough time to look after themselves and 16% feel they are neglecting themselves.
- 82% of carers have no concerns about their own personal safety, 16% express some worries and 2% are extremely worried about their safety.
- 35% of carers feel they have as much social contact as they want; whilst 47% feel they do not have enough, and 18% do not have enough and feel socially isolated.
- 38% of carers feel they have good levels of encouragement and support, 43% feel they do not have enough, and a further 19% do not receive any.
- 70% of carers are happy with the support and care services they receive for themselves and the person they are caring for.
- 28% of carers feel they have control over their daily life, 58% feel they have some control but not enough and 14% feel they have no control over their daily life.
- 18% of carers are able to spend as much time as they want doing things they value and enjoy, 64% are only able to manage some and 18% do not spend any time doing activities they value and enjoy.

More general feedback from service users and their carers and families include the following themes:

- Frustration of the lack of cohesiveness between health and social care;
- Requirement to be able to access support at the time it is required as opposed to usual office hours;
- People do not want to go to hospital when they could be treated/supported in another appropriate setting
- People do not aspire to be long term users of social care or health services where this could be avoided
- The delivery of best practice, high quality and safe care in acute hospital and GP practices

These more general themes will be considered as we progress integration with health and, in many ways support the case for integration as they provide examples of where the existing boundaries between Health and Social Care are unclear to people who use services.

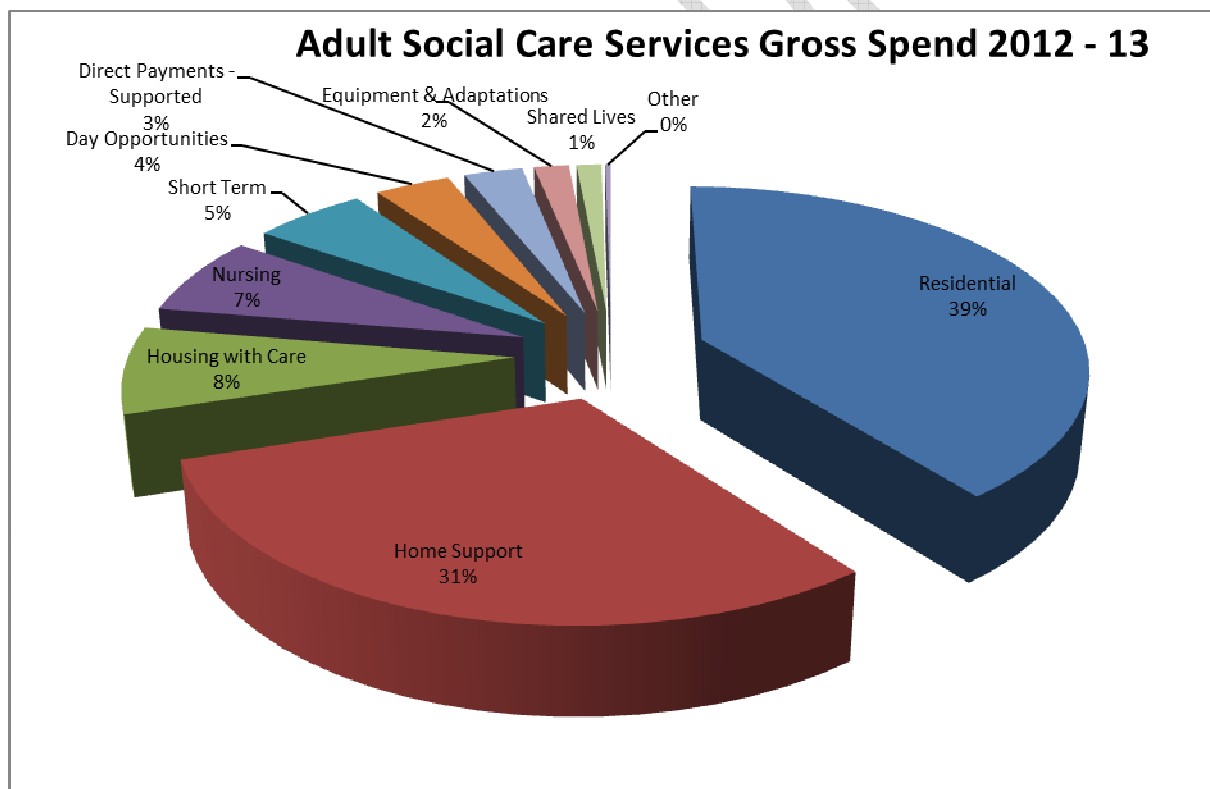
7. Use of Resources: Where the Money is Spent

The responsibility for Adult Social Care within the City Council rests within the People Directorate. The People Directorate also has responsibility for Children's Services, Housing and Homelessness, Safeguarding, Libraries and Adult Education, Community Safety, Environmental Health and Regulatory Services. It is the largest directorate within the City Council with a budget for 2014/15 of £160m from an overall City Council budget of £258m (excluding school funds).

During the financial year 2013/2014 the Council spent a total of £70.18m (gross) on Adult Social Care Service. The breakdown of this spending is shown in Chart 2 below and includes:

- £34.61m (49%) spent on residential and nursing care home provision
- £21.84m (31%) spent on home support and direct payments
- £5.67m (8%) spent on Housing with Care
- £3.59m (5%) on Short term services

Chart Two: Adult Social Care Services Gross Spend 2013-14



A more detailed breakdown by service user group is included in Appendix One.

In relation to our Comparator Group the proportion of total Local Authority spend on Adult Social Care (excluding School Funds), 2012-13 is 20.4% against a comparator average of 21.4% .

As indicated in earlier sections, as financial pressure on the City Council increases as a result of budget reductions all areas of activity, including Adult Social Care, will need to find ways to support people more effectively using a reduced City Council resource. The 'A Bolder Community Services' programme initiated in 2011 by the previous Community Services Directorate identified £10m of savings to be delivered by 2014/15 through a series of efficiency measures, external funding reductions and reductions in service volumes where excess supply existed. These savings were identified without changing the eligibility criteria applied for Adult Social Care in Coventry.

8. Performance Against Key Indicators

A raft of measures are used to assess the performance of Adult Social Care. The most significant is the Adult Social Care Outcomes Framework (ASCOF) which measures a range of indicators from quality of life, satisfaction, safety, control, admissions to residential homes and discharges from Hospital.

Between 2011/2012 and 2012/13 there has been a minor deterioration in a number of key Adult Social Care Outcome Framework (ASCOF) indicators in Coventry. Within this overall deterioration some positives include a comparatively good level of overall satisfaction with services by people who use them and a high proportion of people who feel safe. However, our performance on Delayed Transfer of care from hospital and performance in relation to Carers, in terms of both quality of life and involvement indicate room for improvement.

The number of adults receiving self-directed support in the year to 31 March 2013 (ASCOF 1c Part 1) is below the comparator group and England average although the proportion of total gross current expenditure on Direct Payments is comparatively high (8.4% Coventry against a comparator average of 7.2%) .

To view the full range of performance reports against key indicators for Coventry please use the Health and Social Care Information Centre website at:

<https://nascis.hscic.gov.uk/>

In March 2014 Adult Social Care in Coventry was subject to a Peer Review. This was undertaken as a key part of the approach taken to Sector Led Improvement within Adult Social Care and in the absence of a more formal inspection regime is the mechanism through which Adult Social Care is subjected to independent scrutiny and challenge. The findings of the peer review and recommendations will be made publicly available and work to progress areas of recommendation are included in the section 10 of this document.

9. The Case for Change – A Summary

Change is needed to accelerate the ability of Adult Social Care to respond to the population, policy and financial it faces. This is both change to system and process to through integrated approaches and changes to the delivery of personalised support to meet the requirement of Think Local, Act Personal.

National Policy:

Government policy requires that people who come into contact with Adult Social Care have more choice and control over the support they receive and how this is provided. It requires that Councils consider the totality of resources available to an individual and have a focus on prevention early intervention and maintaining independence. In addition, closer integration with health is required.

A Changing Population:

In the years to come there will be:

- An increasing number of people aged 85 and above
- More people with long term health conditions and conditions related to old age i.e. dementia
- More people aged over 65 unable to manage at least one self care activity
- More people reliant on the support of family networks and carers

Public Expectations:

Feedback from users has told us the following:

- They are frustrated at the lack of cohesiveness between health and social care
- They want to be able to access support at the time it is required in the manner in which it is required
- They want to be supported in the most appropriate setting that maximises independence
- People do not aspire to be long term users of social care or health services where this could be avoided
- They want more control over their daily lives
- They want services that address their cultural needs

Use of Resources:

The financial position means that:

- In order to support our population we will need to ensure that people are making use of all the resources available to them
- Support should be tailored to personalised outcomes making best use of peoples own assets and the assets available to them
- Delivering effective support that prevents the need for ongoing services is both good practice and more sustainable.
- More creative use of support planning integrated fully within the Adult Social Care workforce

10. Delivering Change

This section sets out what is going to happen in Adult Social Care to start to bring about the changes required to meet the challenges outlined in previous sections and summarised in Section 9.

Adult Social Care is part of the People Directorate within the City Council. The City Council as a whole has embarked on major project called 'Kickstart' that will see the Council move to a new building at Friargate and a new way of working, with more shared space, new technology, hot-desking and many other changes.

The action to be taken across Adult Social Care to meet the challenges described will be delivered through progressing three key areas of activity:

- **Managing Demand: Actions to stop or significantly delay the requirement for ongoing care and support services.**
- **Managing the Support System: Actions to ensure care and support is arranged in effectively with appropriate degrees of user choice, control and effective use of resources**
- **Managing Supply: Actions to ensure there is an appropriate supply of a range of social care and support services to meet the needs of people who will require them.**

The requirements under each section are presented in terms of 1) what we intend to do, 2) How we will do it, and 3) The change we expect to see as a result.

As the delivery of this strategy progresses additional opportunities to improve Adult Social Care in Coventry will be identified and incorporated into the strategy.

As a result of delivering the actions described in this strategy we aim to:

- Enable people who require support to have access to a greater range of opportunities to meet their needs
- Enable people to exercise greater flexibility in the arrangement of their own support
- Develop a clear approach to prevention to reduce the requirement for longer term social care and support
- Make better use of innovative approaches to the delivery of social care including the use of new technologies including Telecare
- Deliver a more equitable and transparent system for the allocation of resources
- A refreshed approach to reviewing people's needs that supports them to build stronger networks and become more self-reliant
- Support carers in a way that is responsive to the changing needs of the people they care for and support them to continue in their caring role

- Make demonstrable progress towards integration with health to deliver the requirements of the Better Care Fund
- Work with the market for social care to shape and extend the local offer based on diverse requirements of individuals and communities within Coventry
- Deliver large scale efficiencies across Adult Social Care through adopting personalised approaches and using the full extent of resources available to individuals and their carers/relatives

WORKING DRAFT

10.1 Managing Demand: Actions to stop or significantly delay the requirement for on-going care and support services.

What We intend to Do	How we Will do it	The Improvement we Expect to See	Who is Responsible and what are the timescales for Progress
<p>Develop a clear plan for the commissioning of a range of targeted preventative services where they are evidentially cost effective</p>	<ul style="list-style-type: none"> ➤ Enhance the use of telecare across the social care offer ➤ Decommission the Aylesford facility ➤ Implement and monitor the effectiveness of the new STSTMI home service ➤ Undertake a review of remaining bedded services within the city ➤ We will review our carer's strategy to ensure we are providing support to carer's to enable them to continue caring. 	<ul style="list-style-type: none"> ➤ Preventative services targeted to reduce demand for social care and provided in a time limited way (so as not to create dependency on preventative services) ➤ A clear and proportionate offer of support to carers based on resources that are available 	<p>Head of Strategic Commissioning</p>
<p>Increase the contribution of Assistive Living Technology as an effective means of providing social care and support</p>	<ul style="list-style-type: none"> ➤ Implement a new model for the use of Telecare within Coventry using both hardwired, stand-alone equipment and apps ➤ Provide clarity to staff, service users and their families and carers about where Telecare can be used and its 	<ul style="list-style-type: none"> ➤ Increased use of Telecare including stand-alone equipment and new and emerging technologies ➤ Technology seen as a core and integral part of the delivery of 	<p>Head of Therapy and Enablement</p>

	<p>benefits</p> <ul style="list-style-type: none"> ➤ Review the role of our Integrated Community Equipment Store (ICES) and the Opal Assessment and Demonstration Centre and whether there are ways to provide this support more effectively ➤ Enhance the carers offer and communicate to staff and carers 	<p>care and support</p>	
<p>Make better use of information and advice so that people are aware of and can access support in their own communities</p>	<ul style="list-style-type: none"> ➤ Revise our information and advice offer so that it is updated and accessible ➤ Identify community assets available for people to access ➤ Develop the role of libraries so that they are better used and provide better access to information and advice 	<ul style="list-style-type: none"> ➤ More accessible and relevant information and advice on Adult Social Care 	<p>Head of Older People and Physical Impairment</p>
<p>Make better use of the range of publicly available services in preventing demand for on-going social care and support</p>	<ul style="list-style-type: none"> ➤ Develop strategy and implementation for P&EH for children and adults. ➤ Identify impact of reductions delivered through ABCS <p>Clarify the role of library services in delivering information and advice.</p>	<ul style="list-style-type: none"> ➤ Libraries and neighbourhood centres are part of the social care support provision in the City ➤ Reduction in costs through brokerage making better use of community assets 	<p>Assistant Director – Adult Social Care</p>

<p>Redesign our Short Term Services to Maximise Independence in partnership with the Clinical commissioning Group (CCG)</p>	<ul style="list-style-type: none"> ➤ Create community based resilience through implementation of an enhanced telecare offer ➤ Reduce the bedded services within the city ➤ Implement and monitor the effectiveness of the new STSTMI home service 	<ul style="list-style-type: none"> ➤ Increased effective of reablement through less people requiring a sequential service ➤ Reduced hospital bed days ➤ Improved delay of transfer figures ➤ Increased ability in people to remain at home following a short term intervention resulting in reduced demand on long term services. Measured by an increase in the length of time between a short term service and being assessed as requiring long term care. 	<p>Head of Enablement and Therapy</p>
<p>Deliver the Dementia Strategy</p>	<ul style="list-style-type: none"> ➤ An integrated health and social care plan with clear information and advice, tailored to individual circumstance ➤ A new model of assessment that promotes independence and utilises strengths in the community, with a focus on self-care and empowerment 	<ul style="list-style-type: none"> ➤ More people with dementia supported in the community ➤ Reduced demand on bed based services ➤ Increased community resilience 	<p>Head of Older People and Physical Impairment</p>

	<ul style="list-style-type: none">➤ A tailored and flexible experience for citizens that harnesses resources to support people in their own homes and prevents admission to acute or long term care and enables carers to continuing caring		
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WORKING DRAFT

10.2 Managing the Support System: Actions to ensure care and support is arranged effectively with appropriate degrees of user choice, control and effective use of resources

What We Intend to Do	How we Will do it	The Improvement we Expect to See	Who is Responsible and what are the timescales for Progress
Implement a new Resource Allocation Tool for Adult Social Care to ensure equity of allocation and improved resource management	<ul style="list-style-type: none"> ➤ Commission a Resource Allocation System to be used as a tool by staff ➤ Use the output of the tool to understand where more cost effective opportunities to meet individual outcomes may be available ➤ Review all those currently in receipt of Adult Social Care to understand how their support could be provided in a more cost effective way ➤ Use this process as a means to stimulate the market to provide more innovation ways to meet individual outcomes 	<ul style="list-style-type: none"> ➤ An equitable and evidence based use of resources ➤ Better financial management of resources increasing our ability to meet needs within our available budget ➤ More personalised and outcome based approaches to meeting care and support needs 	Assistant Director – Adult Social Care
Develop an Asset Based approach to the assessment of need and the delivery of	<ul style="list-style-type: none"> ➤ Social workers to assess what alternative support people already have to inform provision of care and 	<ul style="list-style-type: none"> ➤ Improved outcomes for individuals ➤ Reduced costs to 	Assistant Director – Adult Social Care

<p>outcomes</p>	<p>support delivered by the Council. We will ensure we understand what assets people already have access to and provide care appropriately</p> <ul style="list-style-type: none"> ➤ When assessing people understand the full range of assets available to them to deliver the required outcomes whether these are friends, families, community assets or own resources. ➤ Ensure that people are enabled to make full use of these assets before arranging funded social care ➤ Develop a city wide view of available community resources, not commissioning by the Council, to enable people to access as part of a package of care. 	<p>the City Council</p>	
<p>Enhance our approach to support planning and brokerage</p>	<ul style="list-style-type: none"> ➤ Develop the role of support planners throughout the Adult Social Care workforce ➤ Use provider staff, as well as Assessment and Case Management to establish creative support planning ➤ Use learning from the 	<ul style="list-style-type: none"> ➤ More outcome based and personalised support ➤ Improved satisfaction by carers and service users 	<p>Head of Learning Disabilities and Mental Health</p>

	POD social brokerage approach to extend options for people		
Ensure our ICT systems are up to date and support the work of Adult Social Care	<ul style="list-style-type: none"> ➤ Complete upgrade to Care Director V4 ➤ Reduce number of stand-alone databases and systems ➤ Integrate Care Director more fully with other City Council systems ➤ Connect Care Director to NHS spine 	<ul style="list-style-type: none"> ➤ More efficient use of systems to reduce staff time and improve quality of recording and information ➤ Better information flows between City Council teams ➤ Better information flows with Health colleagues 	Head of Systems
Implement the requirements of the Care Bill for April 2015	<ul style="list-style-type: none"> ➤ We have established a Care Bill implementation board to lead and oversee the implementation in Coventry of this key piece of legislation 	<ul style="list-style-type: none"> ➤ Requirements of Care Bill fully implemented for April 2015 then 2016 	Assistant Director – Commissioning and Transformation
Implement a revised customer journey for Adult Social Care	<ul style="list-style-type: none"> ➤ We will develop and implement a new customer journey in line with organisational customer journey design principles 	<ul style="list-style-type: none"> ➤ A clearer route through Adult Social Care for people accessing support ➤ Reduced duplication and overlaps with Health 	Assistant Director – Adult Social Care
Review our charging policy and approach to charging	<ul style="list-style-type: none"> ➤ We will remove inequities in the current policy and ensure that charging is maximised wherever appropriate 	<ul style="list-style-type: none"> ➤ Increased income for Adult Social Care 	Finance Manager – People Directorate

<p>To ensure that robust safeguarding and quality assurance processes are in place within all commissioned services</p>	<ul style="list-style-type: none"> ➤ We will be more specific with regard to safeguarding requirements in our contractual arrangements ➤ We will make safeguarding training available to providers and compel them to attend ➤ We will monitor care providers through scheduled and unscheduled inspections and take action where appropriate ➤ We will work closely with the Care Quality Commission (CQC) to ensure that their enforcement powers are used where necessary and action is co-ordinated ➤ We will ensure that information and advice and advocacy services are available to assist service users where this is required ➤ We will ensure that a range of service user feedback is obtained and utilised to ensure service improvements ➤ Work towards the requirements of the Winterbourne View 	<ul style="list-style-type: none"> ➤ Greater adherence to safeguarding policies and procedures by contracted providers ➤ Improvements in levels and consistency of training in providers of Adult Social Care ➤ Co-ordinated action taken with CQC where appropriate ➤ Improved use of advocates when dealing with areas of concern ➤ Safeguarding concerns being consistently managed to successful resolution 	<p>Head of Strategic Commissioning</p>
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	<p>concordat</p> <ul style="list-style-type: none"> ➤ Apply a consistent response to the identification of safeguarding concerns 		
<p>Make better use of Direct Payments and Personal Budgets to meet individual outcomes</p>	<ul style="list-style-type: none"> ➤ Gather intelligence around the existing provision ➤ Identify better data on the numbers of people wanting to use a PA ➤ Shape the market to ensure supply of PA's and access to appropriate support services through direct payments and personal budgets ➤ Link with health regarding personal health budgets 	<ul style="list-style-type: none"> ➤ Increased take up of Direct Payments and Personal Budgets ➤ Better levels of choice and control to be evidenced through Adult Social Care survey 	<p>Head of Learning Disabilities and Mental Health</p>
<p>Better use of performance information</p>	<ul style="list-style-type: none"> ➤ Identify information requirements to inform effective service commissioning and delivery ➤ Use data and information to inform decision making 	<ul style="list-style-type: none"> ➤ Accessible and useable information readily available to inform commissioning and service delivery activities. 	<p>Head of Performance</p>

10.3 Managing Supply: Actions to ensure there is an appropriate supply of a range of social care and support services to meet the needs of people who will require them.

What We Intend to Do	How we Will do it	The Improvement we Expect to See	Who is Responsible and what are the timescales for Progress
<p>Work with private and registered providers, to make the best use of the housing supply to address need, including developing and expanding supported housing models, including housing with care</p>	<ul style="list-style-type: none"> ➤ We will work with providers/developers to improve accommodation standards of existing provision ➤ We will actively encourage experienced specialist providers to develop sites in the City to ensure an appropriate tenure mix to reflect the high levels of owner occupation in Coventry, particularly amongst older people. ➤ We will use the planning system (including section 106 agreements) to negotiate with private providers options for securing housing provision that addresses the complexities of need arising from factors such as an ageing population. ➤ We will ensure that principles of good design 	<ul style="list-style-type: none"> ➤ A greater range of more specialist accommodation options for adults and older people. ➤ People able to make active housing choices as their life circumstances change without the need for involvement from Adult Social Care 	<p>Head of Strategic Commissioning</p>

	relevant to the target client group are embedded into new developments		
Develop the care home provision in Coventry to improve quality, provide better environments and manage complex needs	<ul style="list-style-type: none"> ➤ We will improve the quality of and benefits from the short term offer ensuring people return home after a short term support package. ➤ We will develop and implement revised quality standards and service specifications for care homes ➤ We will commission specific facilities for complex needs where this will provide better outcomes and reduce the need for expensive out of city placements ➤ We will encourage the use of good design principles to provide a better living environment and improve outcomes ➤ We will work with health partners and sub-regionally to commission for specific groups over a larger footprint where it is evidentially more effective to do so 	<ul style="list-style-type: none"> ➤ People that have been placed outside of Coventry return to provision within the City ➤ Improved standard of accommodation overall ➤ Reduced cost and more cost equity across different service areas 	Head of Strategic Commissioning
Use the principles of co-production to develop and	<ul style="list-style-type: none"> ➤ Initially look at alternatives to Learning 	<ul style="list-style-type: none"> ➤ More alternatives for people requiring support 	Head of Strategic

<p>commission support</p>	<p>Disability day centres</p> <ul style="list-style-type: none"> ➤ Work with providers and community based organisations to provide alternatives to centre based day opportunities ➤ Where centre day opportunities are required to develop the capacity for these to be provided by Social Enterprises and or Community Groups 	<p>in the day</p> <ul style="list-style-type: none"> ➤ Increased role of Social Enterprises and Community Groups in the provision of support ➤ Reduced reliance on funded transport 	<p>Commissioning</p>
<p>Consider further areas where the City Council may wish to cease being a direct provider of care and support</p>	<ul style="list-style-type: none"> ➤ Understand the relative costs and benefits of the remaining areas of internal provision and what alternatives are available in the market ➤ Identify the savings, costs and benefits of ceasing direct provision of: <ul style="list-style-type: none"> • PILS • Days Opportunities • Transport • Housing with Care • Residential Care • ICES 	<ul style="list-style-type: none"> ➤ Reduced costs overall for the provision of social care 	<p>Assistant Director – Adult Social Care</p>
<p>Take an integrated approach to commissioning with Health colleagues</p>	<ul style="list-style-type: none"> ➤ Commission jointly for high-cost joint funded support including Continuing Health Care ➤ Review the value for money of our highest cost joint funded 	<ul style="list-style-type: none"> ➤ Better use of resources ➤ Better commissioning of complex needs 	<p>Assistant Director – Commissioning and Transformation</p>

	placement and improve where efficiency where possible		
Jointly commissioning long term care and support, reducing costs and improve ability of people to be supported in the city	<ul style="list-style-type: none"> ➤ Improved citizen experience as people will know who they are dealing with, will have timely reviews, and will be able to ensure that any changes in providers are linked to care needs rather than changes to funder. People will also be offered a personal health budget ➤ Commissioning efficiencies through market management, assessment and management efficiencies through the removal of disputes over the funding stream ➤ Financial risk being controlled ➤ Improved quality, diversity, and sustainability of provision ➤ Co-ordinated and timely support to carers of people with long term care and support needs ➤ The development of a whole system life course approach ➤ The effective use of Disabled Facilities Grant 	<ul style="list-style-type: none"> ➤ Reduced costs ➤ Community resilience ➤ Reduced out of city placements ➤ Increased support in the home 	Head of Strategic Commissioning

	(DFG) to support long term care and support arrangements where required		
Be clear with the market and our staff on our commissioning intentions	<ul style="list-style-type: none"> ➤ Deliver focused commissioning intentions workshops ➤ Update Market Position Statement(MPS) and commissioning plan ➤ Produce a clear plan for each of the priority areas under the MPS ➤ Keep abreast of the regional developments in shaping the market 	<ul style="list-style-type: none"> ➤ Delivered commissioning intentions workshops ➤ Revised MPS ➤ Providers working towards shared goals 	Head of Strategic Commissioning

11 Monitoring and Review

It is important for us that progress against this strategy is monitored and reviewed and we are clear on the progress that is made. We will not establish a separate governance structure for this but will report progress publicly and openly in our Social Care annual account which is published in late summer each year.

12 Key Contacts

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Appendix One

Council Gross Spend on Adult Social Care 2013-14

Service	Gross Cost	Internal			External
		OP	LD	MH	
Residential	27,957,418	1,445,985	873,185		25,638,248
Home Support	14,317,446		1,437,175		12,880,271
Housing with Care	5,667,562	4,417,190			1,250,372
Nursing	6,648,057				6,648,057
Direct Payments	5,374,074				5,374,074
Direct Payments - supported	2,143,577				2,143,577
Day Opportunities	2,635,547	600,445	1,364,331	152,158	518,613
Equipment & Adaptations	900,595				900,595
Shared Lives	677,293				677,293
Meals	112,462				112,462
Inco Laundry	43,253				43,253
Telecare	41,286				41,286
Other	73,611				73,611
Short Term	3,587,491	2,959,959			627,532
Grand Total	70,179,672	9,423,579	3,674,691	152,158	56,929,244